



VEOLIA WATER NORTH AMERICA  
303 Oak Hill Way  
Brockton, MA 02301

Tel: 508-580-7885 X 116  
Fax: 508-559-0760

**Fax**

TO: J. Shepherd, S. Couto  
FAX: \_\_\_\_\_  
FROM: Kathy Ferrara  
DATE: 6-8-05  
SUBJECT: Notification  
PAGES: 2

*including this page*

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Date: 6/8/2005

Joseph J. Shepherd  
Department of Environmental Protection  
Southeast Region  
20 Riverside Drive  
Lakeville, MA 02347

Subject: Brockton Wastewater Treatment Facility  
Notification of Unauthorized Discharge or Bypass Report/Notification of Permit  
Exceedence

Dear Mr. Shepherd:

In accordance with Department of Environmental Protection policy, we are formally providing required written notification of the following:

- ☐ 1. Notification of Unauthorized Discharge or Bypass Report  
☒ 2. Notification of Permit Exceedence

The following notification has been made:

	<u>Person Contacted</u>	<u>By Email</u>	<u>Date/Time</u>	<u>By Fax</u>	<u>Date/Time</u>
MADEP	Joseph Shepherd	X	6/8/05 / 11:05 am	X	11:15 am
	David Burns	X	6/8/05 / 11:05 am		
EPA	Steven Couto	X	6/8/05 / 11:05 am	X	11:15 am

Description and cause of noncompliance:

NH3-N mg/l	- Max. Daily 6/5	2.76 mg/l	(1.5 mg/l limit)
NH3-N mg/l	- Max. Daily 6/6	3.02 mg/l	(1.5 mg/l limit)

On Saturday June 4<sup>th</sup> 2005, there was a momentary power outage that caused the DC blower to trip. The operators had a difficult time getting it to restart as it would trip out at 410 amps, even though it is rated for 480 amps. They were unable to get the natural gas blower to fire up. Once they were finally able to get the DC blower to run, they were having problems with the pressure relief valve. They replaced the PRV with a factory rebuilt one and it blew as well. We had Highland Power come in and service the gas engine blower. The operators on duty never notified me or my assistant project manager of the problems they were having and those in charge will receive disciplinary action for failing to do so.

By: James M. Lauzon  
Title: Project Manager

cc: Steven Couto, USEPA  
David Burns, MADEP  
Michael Thoreson, Brockton DPW Commissioner  
David Norton, Brockton W&S Contract Admin.  
Farzin Kiani, Area Manager, VWNA  
Benn Bullock, Regional EHS& S Manager, VWNA

VEOLIA WATER NORTH AMERICA  
303 Oak Hill Way Brockton, MA 02301  
Tel 508-580-7885



# Water Compliance Inspection Report

## Section A: National Data System Coding (i.e., PCS)

[illegible]

## Section B: Facility Data


Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NDPES permit number) <b>Brockton Wastewater Treatment Facility</b> <b>303 Oak Hill Way</b> <b>Brockton, MA 02301</b>	Entry Time/Date	Permit Effective Date
	Exit Time/Date	Permit Expiration Date
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Jim Lauzon/Project Manager/508-580-7885</b>	Other Facility Data	
Name, Address of responsible Official/Title/Phone and Fax Number. <b>Jim Lauzon/Project Manager/508-580-7885</b>  <div style="text-align: right;">             Contacted  <input checked="checked" type="checkbox"/> Yes    <input type="checkbox"/> No           </div>		

## Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input checked="" type="checkbox"/> Flow Measurement	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> CSO/SSO (sewer Overflow)
<input checked="" type="checkbox"/> Records/Reports	<input type="checkbox"/> Self-Monitoring Program	<input checked="" type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Pollution Prevention
<input checked="" type="checkbox"/> Facility Site Review	<input type="checkbox"/> Compliance Schedules	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> Multimedia
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Storm Water	<input type="checkbox"/> Other:

## Section D: Summary of Findings/Comments (Attach additional sheets of narrative and checklists as necessary)

**Report to follow.**

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
Richard Fisher 	USEPA/EIA (617) 918-8318	June 15, 2005
Signature of Management QA Reviewer	Agency/Office/Phone and Fax Numbers	Date

1C15  
6/16/05  
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